

UNITED STATES DISTRICT COURT  
DISTRICT OF SOUTH DAKOTA  
\_\_\_\_\_ DIVISION

Melaine Wilson \_\_\_\_\_ )  
547 BIA 28 \_\_\_\_\_ )  
Wounded Knee, SD 57794 \_\_\_\_\_ )  
\_\_\_\_\_ )

(Enter the full name of the Plaintiff[s] in this action) \_\_\_\_\_ )

vs. \_\_\_\_\_ )

Oglala Sioux Tribe Election Commission \_\_\_\_\_ )  
P.O.Box 2070 \_\_\_\_\_ )  
Pine Ridge, S.D. 57770 \_\_\_\_\_ )  
\_\_\_\_\_ )  
\_\_\_\_\_ )

(Enter the full name of ALL Defendant[s] in this \_\_\_\_\_ )  
action. Fed. R. Civ. P. 10(a) requires that the \_\_\_\_\_ )  
caption of the complaint include the names of all \_\_\_\_\_ )  
the parties. Merely listing one party and "et al." is \_\_\_\_\_ )  
insufficient. Please attach additional sheets if \_\_\_\_\_ )  
necessary.) \_\_\_\_\_ )

Case No 5:22-cv-5095 \_\_\_\_\_  
(To be assigned by  
Clerk of District Court)

COMPLAINT

- I. State the grounds for filing this case in Federal Court (include federal statutes and/or U.S. Constitution provisions, if you know them. Fed .R .Civ. P. 8(a)(1) requires a short and plain statement of the grounds for the court's jurisdiction.):

I have invoked my 1868 Fort Laramie Treaty Rights-Article 1 to  
have Department of Interior Investigate and Prosecute for Oglala  
Sioux Tribe Election Commission Civil Rights Abuse. The Oglala  
Sioux Tribe Council is both the Legislative and Judicial Authorities  
and have allowed the Oglala Sioux Tribe Election Commission to  
break rules, such as Challenge Votes and using Pencils. This  
makes it appear that there is Fraud happening with our Votes.  
They also use the Enrollment Office to verify Address on  
Challenge Votes, meaning ALL ENROLLED MEMBERS CAN  
VOTE without Residency Requirements by OST Constitution

II. Plaintiff, Melaine R. Wilson resides at

547 BIA 28

(street address)

Wounded Knee, Oglala,

(city) (county)

South Dakota, 57794, 605-867-6990

(state) (zip) (telephone number)

(If more than one plaintiff, provide the same information for each plaintiff below)  
As a Former (Warranted by Congress) Contingency Contracting  
Officer- it is my Lifelong Duty to Protect Federal Monies, Lands,  
and Assets from Fraud, Waste and Abuse.

III. Defendant, OST Election Commission resides at, or its business is located at

P.O. Box 2070

(street address)

Pine Ridge,

(city) (county)

South Dakota, 57770, 6058675266

(state) (zip) (telephone number)

(If more than one defendant, provide the same information for each defendant below)

- IV. Statement of claim (State as briefly as possible the facts of your case. Describe how each defendant is involved. You must state exactly what each defendant personally did, or failed to do, which resulted in harm to you. Include also the names of other persons involved, dates, and places. Be as specific as possible. You may use additional paper if necessary):

The initial vetting process to authorize enrolled members who are  
running for Office is to make sure they know that they are subject  
to the Bureau of Indian Affairs Uniformed Commercial Codes and  
the Oglala Sioux Tribe Uniformed Commercial Codes.

- V. Relief (State briefly and exactly what you want the Court to do for you.)  
Transparency of Votes as they are supposed to be and not with  
pencils and Challenge Votes of Enrolled Members who aren't  
even living on the Reservation.

**VI. MONEY DAMAGES:**

**A) Do you claim either actual or punitive monetary damages for the acts alleged in this complaint?**

**YES [ ]**

**NO [X ]**

**B) If your answer to "A" is YES, state below the amount claimed and the reason[s] you believe you are entitled to recover such monetary damages:**

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**VII. Do you maintain that the wrongs alleged in the complaint are continuing to occur at the present time?**

**YES [X ]**

**NO [ ]**

**VIII. Are you requesting a Jury Trial?**

**YES [ ]**

**NO [X ]**

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 2 day of December, 2022

Melaine R Wilson

Signature of Plaintiff[s]

JS 44 (Rev. 06/17)

**CIVIL COVER SHEET**

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

| <b>I. (a) PLAINTIFFS</b><br>Melaine R. Wilson<br>547 BIA 28<br>Wounded Knee, SD 57794<br><br><b>(b)</b> County of Residence of First Listed Plaintiff _____<br>(EXCEPT IN U.S. PLAINTIFF CASES)<br><br><b>(c)</b> Attorneys (Firm Name, Address, and Telephone Number) _____  |   | <b>DEFENDANTS</b><br>Oglala Sioux Tribe Election Commission<br>P.O.Box 2070<br>Pine Ridge, South Dakota 57770<br><br>County of Residence of First Listed Defendant _____<br>(IN U.S. PLAINTIFF CASES ONLY)<br><br>NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.<br><br>Attorneys (If Known) _____  |   |   |                            |                    |            |                |   |   |   |   |   |  |   |   |                            |                            |   |                            |                            |   |                            |                            |                |                            |                            |
|---|---|--|---|---|----------------------------|--------------------|------------|----------------|---|---|---|---|---|--|---|---|----------------------------|----------------------------|---|----------------------------|----------------------------|---|----------------------------|----------------------------|----------------|----------------------------|----------------------------|
| <b>II. BASIS OF JURISDICTION</b> (Place an "X" in One Box Only)<br><br><input type="checkbox"/> 1 U.S. Government Plaintiff<br><input checked="" type="checkbox"/> 2 U.S. Government Defendant<br><input type="checkbox"/> 3 Federal Question (U.S. Government Not a Party)<br><input type="checkbox"/> 4 Diversity (Indicate Citizenship of Parties in Item III)   |   | <b>III. CITIZENSHIP OF PRINCIPAL PARTIES</b> (Place an "X" in One Box for Plaintiff and One Box for Defendant)<br><table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>PTF</th> <th>DEF</th> <th></th> <th>PTF</th> <th>DEF</th> </tr> </thead> <tbody> <tr> <td>Citizen of This State</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 1</td> <td>Incorporated or Principal Place of Business In This State</td> <td><input type="checkbox"/> 4</td> <td><input type="checkbox"/> 4</td> </tr> <tr> <td>Citizen of Another State</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 2</td> <td>Incorporated and Principal Place of Business In Another State</td> <td><input type="checkbox"/> 5</td> <td><input type="checkbox"/> 5</td> </tr> <tr> <td>Citizen or Subject of a Foreign Country</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 3</td> <td>Foreign Nation</td> <td><input type="checkbox"/> 6</td> <td><input type="checkbox"/> 6</td> </tr> </tbody> </table> |   |   | PTF                        | DEF                |            | PTF            | DEF   | Citizen of This State   | <input type="checkbox"/> 1  | <input type="checkbox"/> 1  | Incorporated or Principal Place of Business In This State   | <input type="checkbox"/> 4   | <input type="checkbox"/> 4  | Citizen of Another State  | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 | Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |
|   | PTF   | DEF  |   | PTF   | DEF                        |                    |            |                |   |   |   |   |   |  |   |   |                            |                            |   |                            |                            |   |                            |                            |                |                            |                            |
| Citizen of This State   | <input type="checkbox"/> 1  | <input type="checkbox"/> 1   | Incorporated or Principal Place of Business In This State   | <input type="checkbox"/> 4  | <input type="checkbox"/> 4 |                    |            |                |   |   |   |   |   |  |   |   |                            |                            |   |                            |                            |   |                            |                            |                |                            |                            |
| Citizen of Another State  | <input type="checkbox"/> 2  | <input type="checkbox"/> 2   | Incorporated and Principal Place of Business In Another State   | <input type="checkbox"/> 5  | <input type="checkbox"/> 5 |                    |            |                |   |   |   |   |   |  |   |   |                            |                            |   |                            |                            |   |                            |                            |                |                            |                            |
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| <b>IV. NATURE OF SUIT</b> (Place an "X" in One Box Only) <span style="float: right;">Click here for: <a href="#">Nature of Suit Code Descriptions.</a></span> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th style="width: 20%;">CONTRACT</th> <th style="width: 20%;">TORTS</th> <th style="width: 20%;">FORFEITURE/PENALTY</th> <th style="width: 20%;">BANKRUPTCY</th> <th style="width: 20%;">OTHER STATUTES</th> </tr> </thead> <tbody> <tr> <td> <input type="checkbox"/> 110 Insurance<br/> <input type="checkbox"/> 120 Marine<br/> <input type="checkbox"/> 130 Miller Act<br/> <input type="checkbox"/> 140 Negotiable Instrument<br/> <input type="checkbox"/> 150 Recovery of Overpayment &amp; Enforcement of Judgment<br/> <input type="checkbox"/> 151 Medicare Act<br/> <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans)<br/> <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits<br/> <input type="checkbox"/> 160 Stockholders' Suits<br/> <input type="checkbox"/> 190 Other Contract<br/> <input type="checkbox"/> 195 Contract Product Liability<br/> <input type="checkbox"/> 196 Franchise         </td> <td> <b>PERSONAL INJURY</b><br/> <input type="checkbox"/> 310 Airplane<br/> <input type="checkbox"/> 315 Airplane Product Liability<br/> <input type="checkbox"/> 320 Assault, Libel &amp; Slander<br/> <input type="checkbox"/> 330 Federal Employers' Liability<br/> <input type="checkbox"/> 340 Marine<br/> <input type="checkbox"/> 345 Marine Product Liability<br/> <input type="checkbox"/> 350 Motor Vehicle<br/> <input type="checkbox"/> 355 Motor Vehicle Product Liability<br/> <input type="checkbox"/> 360 Other Personal Injury<br/> <input type="checkbox"/> 362 Personal Injury - 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| <b>V. ORIGIN</b> (Place an "X" in One Box Only)<br><input checked="" type="checkbox"/> 1 Original Proceeding <input type="checkbox"/> 2 Removed from State Court <input type="checkbox"/> 3 Remanded from Appellate Court <input type="checkbox"/> 4 Reinstated or Reopened <input type="checkbox"/> 5 Transferred from Another District (specify) _____ <input type="checkbox"/> 6 Multidistrict Litigation - Transfer <input type="checkbox"/> 8 Multidistrict Litigation - Direct File   |   |  |   |   |                            |                    |            |                |   |   |   |   |   |  |   |   |                            |                            |   |                            |                            |   |                            |                            |                |                            |                            |
| <b>VI. CAUSE OF ACTION</b><br>Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):<br><u>Federal Acquisition Regulation Part 3-Bad Business Practices</u><br>Brief description of cause:<br><u>Fraud, Waste and Abuse</u>   |   |  |   |   |                            |                    |            |                |   |   |   |   |   |  |   |   |                            |                            |   |                            |                            |   |                            |                            |                |                            |                            |
| <b>VII. REQUESTED IN COMPLAINT:</b> <input checked="" type="checkbox"/> CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.           DEMAND \$ _____           CHECK YES only if demanded in complaint:<br>JURY DEMAND: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |   |  |   |   |                            |                    |            |                |   |   |   |   |   |  |   |   |                            |                            |   |                            |                            |   |                            |                            |                |                            |                            |
| <b>VIII. RELATED CASE(S) IF ANY</b> (See instructions):<br>JUDGE _____ DOCKET NUMBER _____  |   |  |   |   |                            |                    |            |                |   |   |   |   |   |  |   |   |                            |                            |   |                            |                            |   |                            |                            |                |                            |                            |
| DATE _____ SIGNATURE OF ATTORNEY OF RECORD _____  |   |  |   |   |                            |                    |            |                |   |   |   |   |   |  |   |   |                            |                            |   |                            |                            |   |                            |                            |                |                            |                            |
| <b>FOR OFFICE USE ONLY</b><br>RECEIPT # _____ AMOUNT _____ APPLYING IFP _____ JUDGE _____ MAG. JUDGE _____  |   |  |   |   |                            |                    |            |                |   |   |   |   |   |  |   |   |                            |                            |   |                            |                            |   |                            |                            |                |                            |                            |